# **Individual**

# **Demographic Reporting Form**

**Positive Alternatives** 

Date: 1/1/2015-3/31/2015 Grantee Name FPS Rochester (Birthright)

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
	2	2	4	7	3		

## 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post- partum	Pregnancy Status Unknown
1	3	5	6	3

#### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
4	14	

#### 4. Client Race:

Race: White	Race: African American	Race: African- African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
11	5				2	

# 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown	
7	11		